

SRF 55923

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

MARTINEZ ROSAS, GLADYS E.

Participant's Address:

119 URB. LAS CAROLINAS / CAGUAS P.R.

Participant's Email Address:

glamar13579@gmail.com

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

88295

Nature of Claim:

Pension / Retiree Claim

By:

Gladys E. Martinez Rojas
Signature

Gladys E. Martinez Rojas
Print Name

N/A

Title (if Participant is not an individual)

11/02/2021
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Marisol Vega Rodríguez

Participant's Address:

1702 Calle San Esteban Urb. San Ignacio
San Juan, P.R.

Participant's Email Address:

melody_64@live.com

Name of Counsel:

—

Address of Counsel:

—

Email Address of Counsel:

—

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

85750

Nature of Claim:

Pension / Retiree claim

By:

Manuel Vega Rodríguez

Signature

Marisol Vega Rodríguez

Print Name

Title (if Participant is not an individual)

3 novembre 2021

Date

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Yadira Torres Caraballo

Participant's Address:

B-18 Calle Camelia Alturas del Cafetal

Participant's Email Address:

lucyanlucy401@yahoo.com

Yauco P.R. 00988

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

Promesa Titulo III

By:

Yadira Torres
Signature

Yadira Torres
Print Name

Title (if Participant is not an individual)

6- octubre 2021
Date

RECEIVED & FILED
2021 NOV - 3 PM 4:16
CLERK'S OFFICE
DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

RECEIVED & FILED

2021 NOV -3 PM 4:16

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Nadira Torres
B-18 Calle Camelia
Alturas del Cafetal
P.R. 00698

00918-170625



United States District Court
Clerk's Office
150 Ave Carlos Charden Ste 150
San Juan, P.R. 00918-17067

MEMPHIS TN 380
16 OCT 2021 PM 2 L



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Mrs. Lisle Font Matos
Participant's Address: P.O. Box 242 Boqueron, Puerto Rico 00622
Participant's Email Address: fontlisle@gmail.com
Name of Counsel: -
Address of Counsel: -
Email Address of Counsel: -

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 166725
Nature of Claim: Public Employee Claim
By: Lisle Font Matos
Signature
Lisle Font Matos
Print Name
-
Title (if Participant is not an individual)
October 9, 2021
Date

RECEIVED & FILED
2021 NOV - 3 PM 4: 16
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Mrs. Liole Font Mathis
P.O. Box 245
Boqueron, Puerto Rico

00622-0242

RECEIVED & FILED

2021 NOV -3 PM 4: 16

CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, PR

00918-170625

United States District Court
Clerk's Office
150 Ave. Carlos Chardon St. 150
San Juan, Puerto Rico 00918-1767



MEMPHIS TN 380
16 OCT 2021 PM 1 L



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

NORMA J. FERNÁNDEZ ESTÉVEZ

Participant's Address:

Calle Puebla 541 Urb. Matienzo CINTRÓN
S.J. P.R. 00923

Participant's Email Address:

norma.fernandez@familia.pr.gov

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

my retirement benefits affected.

By:

Norma J. Fernández Estévez

Signature

NORMA J. FERNÁNDEZ ESTÉVEZ

Print Name

Title (if Participant is not an individual)

10-3-2021

Date

RECEIVED & FILED
2021 NOV -3 PM 4:16
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

NORMA J. FERNANDEZ
541 PUEBLA ST.
HARTFORD, CT 06103
SAN JUAN, P.R. 00918-2123

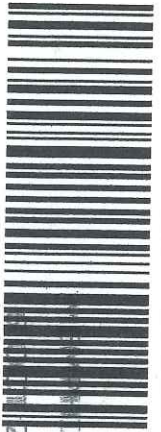
RECEIVED & FILED
2021 NOV -3 PM 4:16
CLERK'S OFFICE
U.S. DISTRICT COURT

United States District Court
CLERK'S OFFICE
150 Ave. Carlos CHARDON Ste. 150
SAN JUAN, P.R. 00918-1767

00918-170625



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00918

U.S. POSTAGE PAID
FOR LETTER
SAN JUAN, PR
00936
OCT 04, 21
AMOUNT
\$7.38
R2305H130913-34

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Pierre Moreau "Doctor Stove"

Participant's Address:

541 Puebla St. Matienzo Cintron Urb. S.J. Puerto Rico 00923

Participant's Email Address:

docstove@coqui.net

Name of Counsel:

N/A

Address of Counsel:

N/A

Email Address of Counsel:

N/A

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

RETIREMENT BENEFITS AFFECTED

By:

Signature

PIERRE MOREAU

Print Name

Title (if Participant is not an individual)

10-3-2021

Date

RECEIVED & FILED
2021 NOV -3 PM 4:16
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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NORMA J. FERNANDEZ
541 PUEBLA ST.
MATEURECITO, P.R. 00923-2123

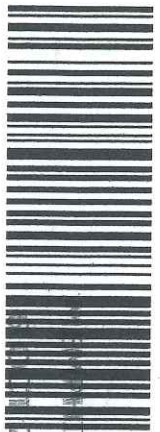
RECEIVED & FILED
2021 NOV -3 PM 4:16
CLERK'S OFFICE
U.S. DISTRICT COURT

United States District Court
CLERK'S OFFICE
150 Ave. Carlos CHARDON Ste. 150
SAN JUAN, P.R. 00918-1767

00918-170625



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NOV 03 2021 PM 1



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00918

U.S. POSTAGE PAID
FOR LETTER
SAN JUAN, PR
00936
OCT 04, 21
AMOUNT
\$7.38
R2305H130913-34

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: GERTRUDIS CRISTINA HERNÁNDEZ MICHELS

Participant's Address: P.O. Box 716, MAYAGÜEZ, P.R. 00681-0716

Participant's Email Address: _____

Name of Counsel: DEPARTMENT OF PUBLIC HEALTH OF PUERTO RICO

Address of Counsel: _____

Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 110712

Nature of Claim: PUBLIC EMPLOYEE CLAIMS

By: Gertrudis C. Hernández Michels

Signature

GERTRUDIS CRISTINA HERNÁNDEZ MICHELS

Print Name

Title (if Participant is not an individual)

September 15, 2021
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below in **English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: GERTRUDIS CRISTINA HERNÁNDEZ MICHELS
Participant's Address: P.O. Box 716, MAYAGÜEZ, P.R. 00681-0716
Participant's Email Address: _____
Name of Counsel: "DEPARTAMENTO SALUD PÚBLICA DE PUERTO RICO"
* DEPARTMENT OF PUBLIC HEALTH OF PUERTO RICO *
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 110712
Nature of Claim: PUBLIC EMPLOYEE CLAIMS
By: Gertrudis C. Hernández Michels
Signature
GERTRUDIS CRISTINA HERNÁNDEZ MICHELS
Print Name

Title (if Participant is not an individual)

August 3, 2021
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

**TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS
PARA EL DISTRITO DE PUERTO RICO**

En el caso:

LA JUNTA DE SUPERVISIÓN Y
ADMINISTRACIÓN FINANCIERA PARA PUERTO
RICO,

como representante del

ESTADO LIBRE ASOCIADO DE PUERTO RICO *y otros*,

Deudores.¹

PROMESA

Título III

No. 17 BK 3283-LTS

(Administrados en forma conjunta)

AVISO DE RECONCILIACIÓN ADMINISTRATIVA DE RECLAMACIONES

Fecha de Notificación: **15 de julio de 2021**

Reclamante(s) designados: **Hernandez Michels, Gertrudis Cristina**

Dirección: **PO Box 716**

Mayaguez PR 00681

Número(s) de reclamaciones designadas: **110712**

Cantidad(es) indicada(s) en la(s) prueba(s) de reclamación: **\$16,800.00**

Tipo de Reclamación: **Empleados Públicos**

Este aviso solo aplica a los números de reclamaciones designadas mencionados anteriormente. Lea el aviso detenidamente y discútalos con su abogado. Si no tiene abogado, puede consultar con uno.

¹ Los Deudores en estos casos iniciados al amparo del Título III, junto con el número de caso respectivo de cada Deudor y los últimos cuatro (4) dígitos de su número de identificación de contribuyente federal, según corresponda, son (i) el Estado Libre Asociado de Puerto Rico (el "Estado Libre Asociado") (caso de Quiebras núm. 17 BK 3283-LTS) (últimos cuatro dígitos del número de identificación de contribuyente federal: 3481); (ii) la Corporación del Fondo de Interés Apremiante de Puerto Rico ("COFINA") (caso de Quiebras núm. 17 BK 3284-LTS) (últimos cuatro dígitos del número de identificación de contribuyente federal: 8474); (iii) la Autoridad de Carreteras y Transportación de Puerto Rico ("HTA") (caso de Quiebras núm. 17 BK 3567-LTS) (últimos cuatro dígitos del número de identificación de contribuyente federal: 3808); (iv) el Sistema de Retiro de los Empleados del Gobierno del Estado Libre Asociado de Puerto Rico ("ERS") (caso de Quiebras núm. 17 BK 3566-LTS) (últimos cuatro dígitos del número de identificación de contribuyente federal: 9686); (v) la Autoridad de Energía Eléctrica de Puerto Rico ("PREPA") (caso de Quiebras núm. 17 BK 4780-LTS) (últimos cuatro dígitos del número de identificación de contribuyente federal: 3747); y (vi) la Autoridad de Edificios Públicos ("PBA") (caso de Quiebras 19 BK 5523-LTS) (los casos al amparo del Título III figuran con números de caso de la Corte de Quiebras debido a limitaciones del *software*).

COPIA

Claim No. 114758

Creditor Name: Hernandez Michels, Gertrudis Cristina

(1) Nombre Completo	GERTRUDIS CRISTINA HERNÁNDEZ MICHELIS
(2) Número de teléfono	(787) 989-1709
(3) Número de empleado	216138
(4) Agencia para la cual trabaja(ó) y fecha. Si usted fue empleado en más de una agencia, por favor identifique la agencia o agencias relacionadas a su reclamación y las fechas en que estuvo empleado por cada agencia.	DEPARTAMENTO DE SALUD PÚBLICA DE PUERTO RICO (EMPLOYER IDENTIFICATION No. 660433481) FECHAS: desde EL 20 de NOVIEMBRE de 1973 FECHA DE COTIZACIÓN PARA RETIRO: 15/MAYO/1976 FECHA RETIRO: 1 de MAYO de 2001
(5) Correo electrónico	
(6) Número de seguro social (últimos cuatro dígitos)	3499
(7) Número de caso administrativo o judicial, si aplica.	Incluya número de caso administrativo y/o judicial, si alguno, que haya radicado y que esté directamente relacionado a los beneficios reclamados en la Evidencia de Reclamación (Proof of Claim) # 110712
(8) Describa en detalle la naturaleza de su reclamación y los fundamentos por los cuales usted cree que tiene derecho al beneficio reclamado. Incluya páginas adicionales si es necesario.	SOLICITO ESTA RECLAMACIÓN POR SALARIOS y BENEFICIOS ADEUDADOS COMO EMPLEADA PÚBLICA DEL DEPARTAMENTO DE SALUD PÚBLICA DE PUERTO RICO (Public Employee Claims).

*** Attach any supporting documentation you may have related to your claim. ***



170328300035949



Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos
Participant's Address: Urb. Rafael Bernier, 65 Calle Aurora, Fajada, PR 00738
Participant's Email Address: ruthlalinda@yahoo.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283 -LTS
Nature of Claim: Jointly Administered
By: Ruth Rodriguez Ramos
Signature
Ruth Rodriguez Ramos
Print Name
Participant
Title (if Participant is not an individual)
15 de octubre de 2021
Date

RECEIVED & FILED
2021 NOV - 3 PM 4: 17
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos
Participant's Address: Urb. Rafael Bermudez, G-5 Calle Aurora,
Participant's Email Address: ruthkilda@yahoo.com Fajardo, PR 00788
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS
Nature of Claim: Jointly Administered
By: Ruth Rodriguez Ramos
Signature
Ruth Rodriguez Ramos
Print Name
Participant
Title (if Participant is not an individual)
15 de octubre de 2021
Date

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos
Participant's Address: Urb. Rafael Berruider, G-5 Calle Aurora,
Participant's Email Address: ruthlelinda@yahoo.com Fajardo, PR 00788
Name of Counsel: —
Address of Counsel: —
Email Address of Counsel: —

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS
Nature of Claim: Jointly Administered
By: Ruth Rodriguez Ramos
Signature
Ruth Rodriguez Ramos
Print Name
Participant
Title (if Participant is not an individual)
15 de octubre de 2021
Date

RECEIVED & FILED
2021 NOV - 3 PM 4:18
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos
Participant's Address: Urb. Rafael Bernúez, G-5 Calle Aurora,
Participant's Email Address: ruth/alinda@yahoo.com Fajardo, PR 00738
Name of Counsel: —
Address of Counsel: —
Email Address of Counsel: —

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283 - LTS
Nature of Claim: Jointly Administered
By: Ruth Rodriguez Ramos
Signature
Ruth Rodriguez Ramos
Print Name
Participant
Title (if Participant is not an individual)
15 de octubre de 2021
Date

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Ruth Rodriguez Ramos

Participant's Address:

Urb. Rafael Bermudez, 65 Calle Aurora,

Participant's Email Address:

ruthlalinda@yahoo.com

Fajardo, PR 00738

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

Jointly Administered

By:

Ruth Rodriguez Ramos
Signature

Ruth Rodriguez Ramos
Print Name

Participant

Title (if Participant is not an individual)

15 de octubre de 2021

Date

RECEIVED & FILED
2021 NOV - 3 PM 4:18
CLERK'S OFFICE
U.S. DISTRICT COURT
SAN JUAN, P.R.

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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos
Participant's Address: Urb. Rafael Bermudez, 65 Calle Arroya Fajardo, PR 00733
Participant's Email Address: ruth/alinda@yahoo.com
Name of Counsel: —
Address of Counsel: —
Email Address of Counsel: —

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS
Nature of Claim: Jointly Administered
By: Ruth Rodriguez Ramos
Signature
Ruth Rodriguez Ramos
Print Name
Participant
Title (if Participant is not an individual)
15 de octubre de 2021
Date

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Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Ruth Rodriguez Ramos

Participant's Address:

Urb. Rafael Bermúdez, G 5 Calle Aurora, Fajardo, PR 00738

Participant's Email Address:

ruthalinda@yahoo.com

Name of Counsel:

—

Address of Counsel:

—

Email Address of Counsel:

—

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

Jointly Administered

By:

Ruth Rodriguez Ramos

Signature

Ruth Rodriguez Ramos

Print Name

Participant

Title (if Participant is not an individual)

15 de octubre de 2021

Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Ruth Rodriguez Ramos
Participant's Address: Urb. Rafael Bermudez, G-5 Calle Aurora, Fajardo, PR 00733
Participant's Email Address: ruthalinda@yahoo.com
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS
Nature of Claim: Jointly Administered
By: Ruth Rodriguez Ramos
Signature
Ruth Rodriguez Ramos
Print Name
Participant
Title (if Participant is not an individual)
15 de octubre de 2021
Date

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Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Ruth Rodriguez Ramos

Participant's Address:

Urb. Rafael Bermúdez, G5 Calle Aurora, Fajardo, P.R. 00738

Participant's Email Address:

ruthalinda@yahoo.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

17 BK 3283-LTS

Nature of Claim:

Jointly Administered

By:

Ruth Rodriguez Ramos

Signature

Ruth Rodriguez Ramos

Print Name

Participant

Title (if Participant is not an individual)

15 de octubre de 2021

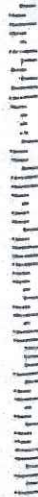
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From:

Ruth Rodriguez Parnes
Urb. Rafael Bernier
65 Calle Aurora
Fajardo, PR 00738



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